



PATENT

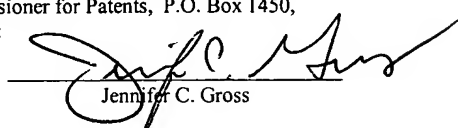
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Doug Finlay	Examiner:	Christine M. Behncke
Application No.:	10/807,461	Art Unit:	3661
Filed:	March 22, 2004	Docket No.	SPEEP001
Title:	DIGITAL MAP SYSTEM		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:  
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450 on:

January 31, 2007.

  
Jennifer C. Gross

## TRANSMITTAL OF AMENDMENT A

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment A in response to Office Action mailed September 22, 2006, in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity			Large Entity	
				Rate	Fee		Rate	Fee
Total	35	35	-0-	x \$25 = \$		OR	x \$50 = \$	
Independent	2	3	-0-	x \$100 = \$		OR	x \$200 = \$	
Multiple Dependent Claims				x \$180 = \$		OR	x \$360 = \$	
*HP = Highest previously paid				TOTAL FEE \$		OR	TOTAL FEE \$	-0-

☒ Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
<input checked="" type="checkbox"/> Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	\$450.00
<input type="checkbox"/> Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (SPEEP001).

☒ Enclosed is our Check No. 2793 in the amount of \$450.00 to cover the additional claim fee and/or extension of time fees.

☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.

☐ Enclosed are \_\_\_\_\_ sheets replacement drawings.

☐ Please charge Deposit Account No. 50-0685 (SPEEP001) in the amount of \$ \_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.

☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (SPEEP001).

☒ OTHER: Information Disclosure Statement & USPTO Form PTO/SB/08.

Respectfully submitted,  
VAN PELT, YI & JAMES LLP



Laura Ing  
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